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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	t: 054000044		CITY OR TO	WN HOLYOK	E
APPLICATION FOR	R RENEWAL:	Seasonal	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	E.S. GOLF COR	RP.			
DOING BUSINESS	A JOLYOKE CO	OUNTRY CLUB			
ADDRESS NORTH	AMPTON HWY.				
CITY/TOWN: HOI	LYOKE	STATE: MA	ZIP CODE	i: 01040	
MANAGER: SUH	ER, ERIC T	YPE OF LICENSE:CI	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR I	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
I hereby certify and s	•				
		of the same type for the	-		
	•	ith all laws of the Com		ng to taxes; and	
3. the premi	ses are now open f	for business (If not exp	lain below)		
SIGNED BY:	Individual Parti	ner or Authorized Corp	orate Officer		
	individual, i diti	ier of Humorized Corp	orate officer		
DATE:	TELEDIA		EMDI (	OYER IDENTIFICAT	TION NI IMBED
51112.	TELEPHO	ONE NUMBER:		$\Gamma$ Individual Social S	
0	*	re in possession (1) the inspector and the hear			
		of liquor liability ins			
of 2010.			•		
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	uin)				
DATE.					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000102	CI	ITY OR TOWN HOLYOKE
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: HONG'S, INC. DOING BUSINESS A BAMBOO HOT ADDRESS 2223 NORTHAMPTON ST		
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040
,	YPE OF LICENSE: Restau	rrant CATEGORY: All Alcohol
EMAIL ADDRESS:	WEBSITE AND ENTER YOUR EMAIL	ADDRESS
DESCRIPTION OF LICENSED PREM		LADDRESS
1. the renewed license will be of the licensee has complied with a series are now open for the signal by:  SIGNED BY:  Individual, Partnerse in the premise in the pre	of the same type for the same the common of the Common	nwealth relating to taxes; and below)
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building i	inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0540	000109		C	ITY OR TOW	N HOLYO	OKE
APPLICATION FOR REN	IEWAL:	Seaso	nal	LIC	ENSED FOR	2013
		CLA	SS			YEAR
LICENSEE NAME: SAR DOING BUSINESS A SH						
ADDRESS 915 MAIN ST	REET					
CITY/TOWN: HOLYOK	E	STATE:	MA	ZIP CODE:	01040	
MANAGER: NAWAZ, S	SAGHEERTYPE O	F LICEN	SE:Packa	ge Store	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBSIT	E AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICENT CONVENIENCE STORE, NO			AR EXITS			
2. the licensee has 3. the premises are SIGNED BY:	=	aws of the	e Commoi	nwealth relatir		nd
	vidual, Partner or A	Authorized	l Corporat	te Officer		
DATE:	TELEPHONE N	UMBER:				CATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICE By: 	INSING AUT	THORITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054000112		CITY OR TOWN	HOLYOKE
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	HAMEL'S CATERIN	G, INC		
DOING BUSINESS	A			
ADDRESS 555 NO	RTHAMPTON ST			
CITY/TOWN: HO	LYOKE	STATE: MA	ZIP CODE:	01040
MANAGER: HAN	MEL, MICHAEL TYPE	OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEBSI	TTE AND ENTER YOUR F	MAIL ADDRESS	
	LICENSED PREMISES			
BANQUET HALL, LO	OUNGE AREA AND OUT	DOOR PAVILION	Г.	
2. the licens	ved license will be of the see has complied with all ises are now open for business.  Individual, Partner or TELEPHONE N	l laws of the Comsiness (If not exp	monwealth relating to lain below)  orate Officer  EMPLOYER	
Acts of 2004, signe	ed by the building inspe	ctor and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 054000118		CITY OR TOWN	HOLYOKE	E
APPLICATION	FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
	ME: HECTOR AND ARCHIE'S				
ADDRESS 81 N	. BRIDGE STREE	ET			
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE:	01040	
	ARCHILLA, IECTOR	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS		_
	OF LICENSED P				
RETAIL FOOD W	// TWO ENTRANCI	ES.			
<ol> <li>the res</li> <li>the lic</li> </ol>	newed license will censee has complie	enalties of perjury that:  be of the same type for the end with all laws of the Comben for business (If not explanation)	monwealth relating to		
SIGNED BY:	Individual, F	Partner or Authorized Corp	orate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	):		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 054000120		CITY OR TOWN	HOLYOKE	
APPLICATION F	OR RENEWAL:	Seasonal	LICENS	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAMI	E: Jose Bou				
DOING BUSINES	SS A Salsarenque Re	staurant			
ADDRESS 392 Hi	igh St				
CITY/TOWN: HO	OLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: Bo	u, Jose T	YPE OF LICENSE: Rest	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
	F LICENSED PREM	IISES:			
25x74 one entrance a					
-	d swear under penalti				
		of the same type for the	=		
	•	th all laws of the Comm	•	taxes; and	
3. the prei	mises are now open to	or business (If not expla	in below)		
CICNED DV.					
SIGNED BY:	Individual, Partn	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, sign	ned by the building i	re in possession (1) the inspector and the head of liquor liability insur	of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	plain)				<del></del> -
			-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000121		CITY OR TOWN	HOLYOKE
APPLICATION FOR RENEWAL:	: Seasonal	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: Holyoke Loc DOING BUSINESS A Homeward			
ADDRESS 375 Whitney Ave			
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE:	01040
MANAGER: MARKS, PETER	TYPE OF LICENSE: Inr	nholder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VIST	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED P.	REMISES:		
I hereby certify and swear under pe	enalties of perjury that:		
<ol> <li>the renewed license will</li> <li>the licensee has complied</li> <li>the premises are now op</li> </ol>	ed with all laws of the Com	monwealth relating to	
SIGNED BY: Individual, I	Partner or Authorized Corp	orate Officer	
DATE: TELE	PHONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the hea	d of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:  APPLICATION FOR RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE N	MONTH OF MARCH (M.G.L.	. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:054000122		CITY OR TOWN	HOLYOKE
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	J. D. Wal, Inc			
DOING BUSINESS	A Dino's Pizza	Restaurant		
ADDRESS 615 Hom	nestead Ave			
CITY/TOWN: HOI	LYOKE	STATE: MA	ZIP CODE:	01040
MANAGER: Patel	, Sanjay P.	TYPE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
2500 sq ft bldg. One er	ntrance and exit			
I hereby certify and s	swear under pen	alties of perjury that:		
1. the renew	ed license will b	be of the same type for the	ne same premises now	licensed;
2. the licens	ee has complied	l with all laws of the Cor	nmonwealth relating t	o taxes; and
3. the premi	ses are now ope	n for business (If not exp	olain below)	
SIGNED BY:				
	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	T E E E E		(Note: NOT Ind	lividual Social Security Number)
We the undersioned	d attest that w	e are in nossession (1) t	he certificate requir	ed by Chapter 304 of the
Acts of 2004, signed	d by the buildin	ng inspector and the he	ad of the fire depart	ment for the above
	(2) the certifica	ate of liquor liability in	surance required by	Chapter 116 of the Acts
of 2010.				
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved expla	ain)			
				-



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000123		CITY OR TOWN	HOLYOKE	Ε
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICEN	SED FOR 20	)13 YEAR
LICENSEE NAME: CARL'S PIZZA IN DOING BUSINESS A TNT PIZZA ADDRESS 548 SOUTH STREET				TEAK
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE:	01040	
	PE OF LICENSE:Rest		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMI 2800 SQ. FTFREE STANDING BUILDIN BACKEMPLOYEE ENTRANCE IN KITC. I hereby certify and swear under penaltie  1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY: Individual, Partne	IGPARKING IN REAR HEN s of perjury that: the same type for the s h all laws of the Comm	name premises now onwealth relating to in below)	licensed;	ONT &
DATE: TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate o of 2010.	spector and the head	of the fire departs	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05400012	5	CITY OR TOWN HOLYOK	Œ
APPLICATION FOR RENEWA	L: Seasonal	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: A & A SH DOING BUSINESS A A & A S			
ADDRESS 820 HIGH STREET			
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: AKMAN, JOHN	TYPE OF LICENSE:Pa	ckage Store CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
2. the licensee has comp	vill be of the same type for the	e same premises now licensed; monwealth relating to taxes; and lain below)	l
DATE:	l, Partner or Authorized Corp LEPHONE NUMBER:	orate Officer  EMPLOYER IDENTIFICA	ATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		(Note: NOT Individual Social  LOCAL LICENSING AUTH By:	
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 054000126		CITY OR TOWN	HOLYOKE	3
APPLICATION	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	ME: THE LOG CA	BIN BANQUET AND M	IEETING HOUSE I	NC.	
DOING BUSIN	NESS A WYCKOFF I	BANQUET ROAD			
ADDRESS 233	BB EASTHAMPTON	ROAD			
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE:	01040	
	ROSSKOTHEN, PETER	TYPE OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION BANQUET ROC	N OF LICENSED PRE OM WITH BAR	EMISES:			
I hereby certify	and swear under pena	alties of perjury that:			
1. the r	renewed license will be	e of the same type for the	same premises now	licensed;	
2. the l	licensee has complied	with all laws of the Com	monwealth relating t	o taxes; and	
	•	n for business (If not expl	•	,	
		· · · · · · · · · · · · · · · · · · ·			
SIGNED BY:					
	Individual, Par	rtner or Authorized Corp	orate Officer		
DATE:	TELEPH	HONE NUMBER:	EMDI OVER	DENTIECAT	
		IONE NUMBER.	EMIFLOTER	IDENTIFICAT	TION NUMBER:
		IONE NUMBER.	(Note: NOT Ind		
Acts of 2004, s	signed by the buildin	e are in possession (1) the g inspector and the heate of liquor liability insu	(Note: <u>NOT</u> Ind e certificate required d of the fire depart	lividual Social S ed by Chapt ment for the	ecurity Number) er 304 of the above
Acts of 2004, s named license	signed by the building and (2) the certificat	e are in possession (1) th g inspector and the hea	(Note: <u>NOT</u> Ind e certificate required d of the fire depart	lividual Social S ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, s named license of 2010.	signed by the building and (2) the certificat	e are in possession (1) th g inspector and the hea	(Note: <u>NOT</u> Ind e certificate required d of the fire departa rance required by	lividual Social S ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, s named license of 2010.  Please Check Belo APPROVED: DISAPPROVE	signed by the building and (2) the certificate we:	e are in possession (1) th g inspector and the hea	(Note: NOT Independent of the fire department of the fire department of the Note of the No	lividual Social S ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, s named license of 2010. Please Check Belo APPROVED:	signed by the building and (2) the certificate we:	e are in possession (1) th g inspector and the hea	(Note: NOT Independent of the fire department of the fire department of the Note of the No	lividual Social S ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, s named license of 2010.  Please Check Belo APPROVED: DISAPPROVE	signed by the building and (2) the certificate we:	e are in possession (1) th g inspector and the hea	(Note: NOT Independent of the fire department of the fire department of the Note of the No	lividual Social S ed by Chapt ment for the Chapter 116	er 304 of the above of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 054000127		CITY OR TOWN	HOLYOKE	3
APPLICATION FO	OR RENEWAL:	Seasonal	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	E: ELMWOOD PRO	P. ASSOCIATION			
DOING BUSINES	S A THE DAM CAFI	É			
ADDRESS 2014 N	ORTHAMPTON STE	REET			
CITY/TOWN: HO	OLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: LO PR	NG, CELEST TYI AY	PE OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		-
	F LICENSED PREMIS JSE APPROX. 2000 SQ		LEVEL WITH OPE	N CONCEPT	
I hereby certify and	l swear under penalties	s of perjury that:			
1. the rene	ewed license will be of	the same type for the	same premises now	licensed;	
2. the licer	nsee has complied with	all laws of the Comm	nonwealth relating to	o taxes; and	
3. the pren	nises are now open for	business (If not expla	in below)		
SIGNED BY:	Individual Partner	or Authorized Corpo	rate Officer		
	11101 (10001), 1 0101101	0111 <b>4</b> 410112 <b>0</b>			
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
	TEEET TOT	Z TOMBER.	(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate of	spector and the head	of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	plain)				
DATE:					